

Work Order ID 108968 ✓

Wednesday, October 30, 2013 3:26:47 PM

108968

Page 1

Item ID: D4864-1

Revision ID:

Item Name: RHeostat

Start Date: 10/31/2013 Start Qty: 8.00

Required Date: 11/29/2013 Req'd Qty: 8.00

Reference:

Approvals: Process Plan: *mjk*

QC:

Date: *10-30-13* Tooling:

Date: SPC (Y/N):

N900040100

Setup Start *NS1*

Stop *NS2*

Cust Item ID:

Customer:

Run Start *NR1*

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID Tool # Plan
Code Accept Reject Reject Insp.
Qty Qty Number Stamp

Draw Nbr	Revision Nbr
D4864	A

100

0.00

100

Purchasing

Purchasing

PURCHASING

Memo

Issue P/O: *21988*

Order from Newark Electronics
Part Number RHS50RE

CERTIFICATION OF CONFORMITY IS REQUIRED

110

0.00

110

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

Memo

Ensure material release note is attached

split 14
8
8
2

CL 1311013 (14)

10/31/13 (14)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS				
Part No. _____		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>		

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 108968

Tuesday, November 05, 2013 11:38:00 AM

108968

Page 2

Item ID: D4864-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Rheostat

Stop *NS2*

Start Date: 10/31/2013 Start Qty: 14.00

14

Cust Item ID:

Required Date: 11/29/2013 Req'd Qty: 14.00

14

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID Tool # Plan Code Accept Qty Reject Qty Reject Number Insp. Stamp

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Memo

0.00

Quality Control

121

0.00

121

Small Fab

Memo

0.00

Small Fab

GRIND THRU ONE TO FOUR WIRES AND APPLY PROTECTIVE COATING OF ACRYLIC ENAMEL TO PROVIDE FULL OFF IN THE "OFF" POSITION

122

QC5- Inspect part completeness to step on W/O

0.00

122

QC

Memo

0.00

Quality Control

DAS
27
9-89
B 11.55

14

② 3AD 13-10-05

DAS
27
9-89
B 11.5

2

Work Order ID 108968

Tuesday, November 05, 2013 11:38:01 AM

108968

Page 3

Item ID: D4864-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: RHeostat

Stop *NS2*

Start Date: 10/31/2013 Start Qty: 14.00

14

Cust Item ID:

Required Date: 11/29/2013 Req'd Qty: 14.00

14

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID Tool # Plan Code Accept Qty Reject Qty Reject Number Insp. Stamp

130

Identify as per dwg & Stock Location:

0.00

130

Packaging

Memo

0.00

Packaging

5/1/30

DAS
32
9-88

13/4/5

(Dx)

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

HA/Rm 13/11/07

MF 13-11-05



Picklist Print

Wednesday, October 30, 2013 3:26:46 PM

Page 1 / 1

Work Order ID: 108968

Parent Item: D4864-1

Parent Item Name: RHeostat

Start Date: 10/31/2013

Required Date: 11/29/2013

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP Rev A New Issue 13/09/30 DL VERF:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

RHS50RE

RHeostat

Purchased

No

100

Each

0.0000

1

8

14

10/31/13

(14)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

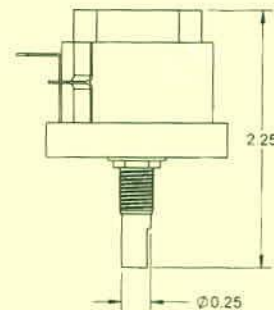
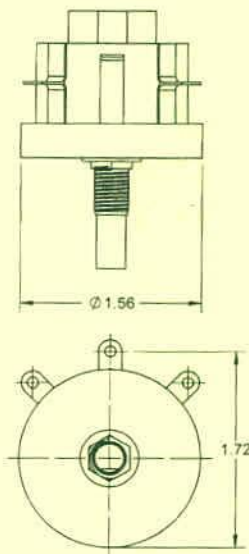
Work Order: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS				
Part No. _____		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>		

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General		
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

SPECIFICATION CONTROL DRAWING



mf
13-10-30
108968

D4864-X RHEOSTAT

DART PART NUMBER	DESCRIPTION	VOLTAGE	CURRENT	VENDOR	VENDOR PART NUMBER	WEIGHT (LBS)	REPLACES GENEVA P/N
D4864-1	RHEOSTAT	500 RMS	25 WATTS	OHMITE	H-50-F2-352AE	0.18	G10011
D4864-3	RHEOSTAT	500 RMS	25 WATTS	OHMITE	H-100-F2-352AE	0.18	G12889

RELEASED
2013-09-16
WMP

NOTES:

1. MATERIAL: PER TABLE
2. FINISH: NONE
3. TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
4. UNITS: INCHES UNLESS OTHERWISE NOTED
5. BREAK SHARP EDGES: 0.005 TO 0.010 MAX
6. IDENTIFICATION: IDENTIFY PER QSI 044 6.7
7. WEIGHT: PER TABLE

A	NEW ISSUE	05	13.06.21
REV	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	13.06.21		

DART AEROSPACE USA, INC. KENT, WA	
DRAWING NO. D4864	REV. A SHEET 1 OF 1
TITLE RHEOSTAT	SCALE NTS

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NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
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<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO21899

Purchase Order Date 10/31/2013

PO Print Date 10/31/2013

Page Number 1 of 1

Order From :
DIGI-KEY CORPORATION
P. O. BOX 390
THIEF RIVER FALLS, MN 56701-0390
US

VC-DIG001

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

PAID
10/31/13

Contact Name
Vendor Phone 800 344 4539

Ship To Contact
Ship To Phone
Ship Via: FedEx PI collect
Ship Acct:

Buyer Chantal Lavoie
Customer POID
Customer Tax # 10127-2607
Terms Net 30
Currency CAD
FOB FCA - (Free Carrier)

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	RHS50RE	RHeostat	11/5/2013 Yes 11/5/2013		14.00 Each	\$31.85	\$445.93
AS PER DWG D4864 REV. A B108968 DIGI KEY: RHS50RE							

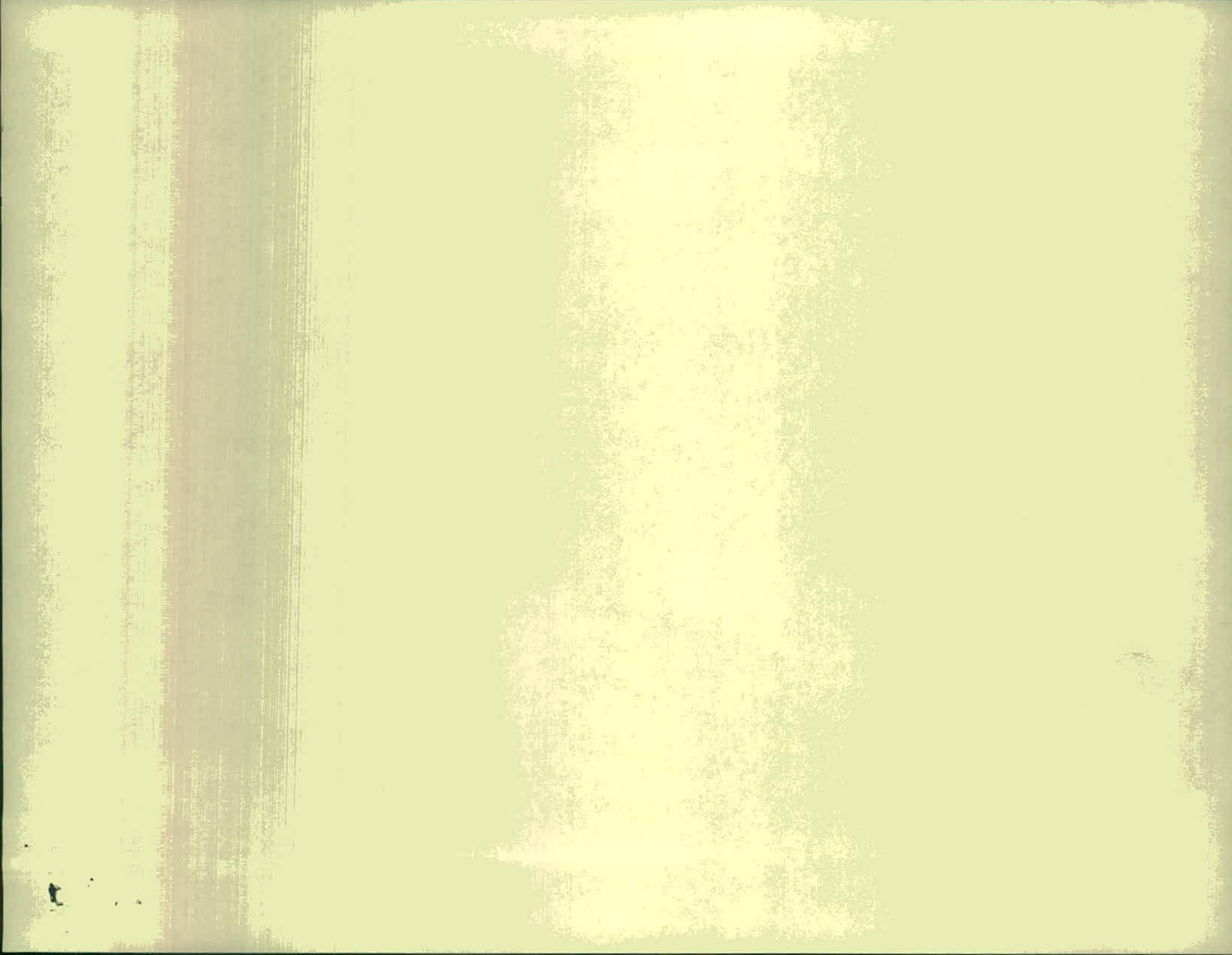
Line Total: \$445.93

PO Total: \$445.93

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.
No substitution or deviation without consent.
Certificate of Conformity or Material Certification required ☒ YES ☐ NO
PST# 6122-5207

Change Nbr: 1

Change Date: 10/31/2013





761

www.digikey.ca
Orders 1-800-344-4539
Fax 218-681-3380

Pack List # 1

Digi-Key
CORPORATION

701 Brooks Ave. S., P.O. Box 677
Thief River Falls, MN 56701-0677

Digi-Key
CORPORATION

Page: 1
Box: 1

717-2

701 Brooks Ave. South, Thief River Falls, MN 56701-0677 USA

Ship To: PO: PO21899 CANADIAN
AC 37773761, 1, 43640970 XFID
DART AEROSP
1270 ABERDEEN ST
HAWKESBURY ON K6A1K7
CANADA

Sold To: CHANTAL LAVOIE
DART AEROSP
1270 ABERDEEN ST
HAWKESBURY ON K6A1K7
CANADA

Sales Order 37773761	Invoice 43640970	Customer 3794228	Account 1125703	Customer P.O. PO21899	MSC # 0
Prev. Sales Order 37514271	Entered Date 31-OCT-2013	Operator A4AQ	Printing Date 31-OCT-2013	Back Orders Accepts to 29-JAN-2014	Station 717-2

Ordered	Cancelled	Idx	Location	Item Number/Description	Shipped	Back Order	Unit Price Canadian \$	Amount Canadian \$
14	0	1	LA- 8411	RHS50RE RHEOSTAT 50 OHM 25W 10% WW CUST REF #: B108968 HTSUS: 8533.39.0080 ECCN: EAR99 LEAD: LEAD FREE ROHS: ROHS COMP REACH: REACH UNAFFECTED AUG-2011 CAGE: 44655 TO ENSURE PROPER CREDIT TO ACCOUNT, PLEASE INCLUDE INVOICE NUMBER WITH ALL PAYMENTS. THE ORDER IS COMPLETE Prices shown do not include any federal, provincial or local taxes, or any other taxes imposed by any government authority, including, without limitation, sales, use, excise, value-added taxes or similar taxes. HST will be applied to sales of goods at a rate of 13% for Ontario, Newfoundland and Labrador and New Brunswick residents; 14% for Prince Edward Island residents; and 15% for Nova Scotia residents. GST of 5% will be applied to all sales of goods to residents of all other provinces or territories. In addition to GST, Quebec Sales Tax of 9.975% will be applied to sales of goods for personal use for Quebec residents and PST will be applied to sales of goods for personal use at a rate of 5% for Saskatchewan residents, 7% for British Columbia residents, and 8% for Manitoba residents. General - Customer indicated that product will not be exported outside of Canada. - A4AQ * 3/2/09 SURVEY REVIEWED & SIGNED W/ISO,SSI,W9 AND ORG. CHART.A2EQ/2513. NAFTA: I certify that the goods referenced in this invoice/salesorder contract comply with the origin requirements specified for those goods in the North American Free Trade Agreement, and that further processing or assembly outside the territory has not occurred subsequent to processing or assembly in the territory.	14			
SHIPPABLE	ITEMS: 1							

Claims for pricing errors, shortages, and defective product must be reported within 30 days of invoice date.

Contact Customer Service at 1-800-858-3616

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DIGI-KEY NRI #: 895173490

DIGI-KEY GST/HST#: 895173490RT



761

www.digikey.ca
Orders 1-800-344-4539
Fax 218-681-3380

Pack List # 1

Digi-Key
CORPORATION

701 Brooks Ave. S., P.O. Box 677
Thief River Falls, MN 56701-0677

Digi-Key
CORPORATION

Page: 2
Box: 1

717-2

PO: PO21899
AC 37773761, 1, 43640970
XFID

CANADIAN

701 Brooks Ave. South, Thief River Falls, MN 56701-0677 USA

Ship To:
DART AEROSP
1270 ABERDEEN ST
HAWKESBURY ON K6A1K7
CANADA

Sold To:
CHANTAL LAVOIE
DART AEROSP
1270 ABERDEEN ST
HAWKESBURY ON K6A1K7
CANADA

Ordered	Cancelled	Idx	Location	Item Number/Description	Shipped	Back Order	Unit Price Canadian \$	Amount Canadian \$
				<p>These commodities, technology or software were exported from the United States in accordance with the Export Administration regulations. Diversion contrary to U.S. law prohibited.</p> <p>CERTIFICATE OF COMPLIANCE: The Digi-Key components included in the above shipment are genuine components and were provided by the applicable manufacturer to Digi-Key. Test reports (chemical, physical, electrical, etc., together with results of any tests performed by the manufacturer) are on file (either here or in the plant of the manufacturer) and will be made available upon request. These components have been handled in accordance with the requirements of applicable quality standards. This certification is valid only to the original customer and is not transferable. Contact Customer Service at 800-858-3616 if you have any questions.</p> <p><i>Kim Gilbert</i> Kim Gilbert, Customer Service Manager</p> <p><i>Scott Fricke</i> Scott Fricke, Director Corporate Quality</p>				

Claims for pricing errors, shortages, and defective product must be reported within 30 days of invoice date.

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All transactions with Digi-Key Corporation, including its subsidiaries and/or affiliates, are subject to Digi-Key's Terms of Use and Conditions of Order, available at www.digikey.ca.

DIGI-KEY NRI #: 895173490

DIGI-KEY GST/HST#: 895173490RT

